


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000035443	
1. Entity Name BLUE CORNER CREATIONS INC.	

FILED  
09 JAN -5 PM 2: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 14528 LISALYNNE COURT ORLANDO, FL 32826	Mailing Address 14528 LISALYNNE COURT ORLANDO, FL 32826
---	---



2. Principal Place of Business - No P.O. Box # 3125 ONYX CT.	3. Mailing Address 3125 ONYX CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT 08

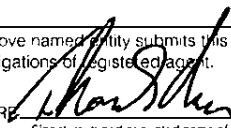
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32806	Country USA
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32806	Country USA

4. FEI Number 22-3922289	Applied for Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145
---

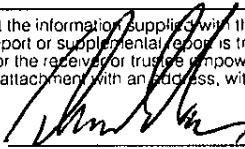
7. Name and Address of New Registered Agent Name THOMAS MORRISEY Street Address (P.O. Box Number is Not Acceptable) 3125 ONYX CT. City ORLANDO FL Zip Code 32806
---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.
SIGNATURE  Thomas Morrissey, PSTD (NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRISEY, THOMAS 14528 LISALYNNE COURT ORLANDO, FL 32826 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRISEY, THOMAS 3125 ONYX CT. ORLANDO, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Thomas Morrissey, PSTD	12/31/08 (321)230-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #